

PLANT, TECHNOLOGY, AND SAFETY MANAGEMENT

PL. 1

A safety management program exists that is designed to provide a hazard-free physical environment and to manage staff activities to reduce the risk of human injury.

PL.1.1 The governing body strives to assure a safe environment for patients, personnel, and visitors by requiring and supporting the establishment and maintenance of an effective safety management program.

PL.1.2 The safety management program is based on monitoring and evaluation of organizational experience, applicable law and regulation, and accepted practice, and includes

PL.1.2.1 policies and procedures for safety in all departments/services;

PL.1.2.2 a risk-assessment program that

PL.1.2.2.1 evaluates the impact on patient care and safety of the buildings, grounds, equipment, occupants, and internal physical systems, and

PL.1.2.2.2 includes policies and procedures for a security management program;

PL.1.2.3 policies and procedures for the timely reporting and resolution of situations that pose an immediate threat of life, health, and/or property; and

PL.1.2.3.1 The policies and procedures are approved in writing by the chief executive officer and the head of the professional staff;

PL.1.2.4 the objections, scope, organization, and effectiveness of the safety management program are evaluated at least annually and revised as necessary.

PL.1.3 An individual (for example, safety officer, safety director, or safety manager), appointed by the chief executive officer, or a designee, and qualified by experience and/or education, is responsible for the development, implementation, and monitoring of the safety management program.

PL.1.3.1 The safety officer manages an ongoing organizationwide process to collect and evaluate information about hazards and safety practices that is used to identify safety

management issues to be addressed by the safety committee; the information collection and evaluation system includes

PL.1.3.1.1 summaries of safety management, life safety management, equipment management and utility management deficiencies or problems, failures, user errors, and relevant published reports of hazards associated with any of these areas;

PL.1.3.1.2.1 There should be evidence that patient care areas are surveyed at least semiannually and nonpatient areas are surveyed at least annually.

PL.1.3.1.3 a system for reporting and investigating all incidents that involve property damage, occupational illness, or patient, personnel, or visitor injury; and

PL.1.3.1.4 summaries of actions taken as the result of other organizationwide monitoring activities, including quality assessment and improvement and risk management activities.

PL.1.4 A safety committee exists, appointed by the chief executive officer or a designee, composed of representatives of administration, clinical services, and support services. (PL.1.4.1 applies only to inpatient and residential settings.)

PL.1.4.1 The safety committee meets at least every other month to analyze identified safety management issues and to develop or approve recommendations for resolving them (PL.1.4.1 applies only to inpatient and residential settings.)

PL.1.4.2 The safety officer works with appropriate staff to implement safety committee recommendations and monitor the effectiveness of the changes.

PL.1.4.2.1 The results of monitoring are reported to the safety committee.

PL.1.4.3 Identified safety management issues and summaries of safety committee activities are communicated at least quarterly to the governing body, chief executive officer, directors of all departments/services, and those responsible for other monitoring activities, including quality assessment and improvement and risk management.

PL.1.5 All new personnel are oriented to the safety management program, and all personnel participate in continuing safety education and training.

PL.1.5.1 The orientation and continuing education and training address general safety management issues, department/service safety plans, special hazards related to assigned duties, and changes in the safety management program derived from safety committee activities.

PL.1.6 A hazardous material and wastes program exists, designed and operated in accordance with applicable law and regulation, to identify and control hazardous materials and wastes; the program includes

PL.1.6.1 policies, procedures, and written criteria for identifying, handling, storing, using, and disposing of hazardous materials from receipt through use, and hazardous wastes from generation to final disposal;

PL.1.6.2 training for, and, as appropriate, monitoring of, personnel who manage and/or regularly come into contact with hazardous materials and/or waste.

PL.1.6.3 monitoring of compliance with the program's requirements; and

PL.1.6.4 evaluation of the effectiveness of the program. As part of the organizationwide information collection and evaluation system (refer to PL.1.3.1), a summary of the evaluation, including identified problems, failures, user errors, and relevant published information about environmental and occupational hazards, is reviewed by the safety committee or, in the absence of a safety committee, the safety officer.

PL.1.7 An emergency preparedness program exists to manage the consequences of natural disasters or other emergencies that disrupt the organization's ability to provide care and treatment; the program includes

PL.1.7.1 N/A

PL.1.7.2 information about how the organization plans to respond to environmental or man-made events;

PL.1.7.3 provisions for the management of space, supplies, communications, and security;

PL.1.7.4 provisions for the management of staff, including distribution and assignment of responsibilities and functions;

PL.1.7.5 provisions for patient management, including scheduling of services control of patient information, and admission, transfer, and discharge;

PL.1.7.6 staff training in their roles during emergencies; and

PL.1.7.7 semiannual implementations of plan, either in response to an emergency or a planned drill.

PL.1.7.7.1 The organization's performance during implementations of the plan is evaluated, documented, and reported to the safety committee (or in the absence of a safety committee, the safety officer) through the organizationwide information collection and evaluation system (refer to PL. 1.3.1).

PL.2

A life safety management program exists to protect patients, personnel, visitors, and property from fire and the products of combustion and to provide for the safe use of buildings and grounds.

PL.2.1 Each building in which patients are housed overnight or receive treatment is in compliance with the appropriate provisions of the Life Safety Code of the National Fire Protection Association (NFPA), or equivalent protection is provided and documented.

PL.2.1.1 A comprehensive Statement of Construction and Fire Protection, submitted to the Joint Commission, describes the structural features of fire protection of the facility.

PL.2.1.2 When requirements of the Life Safety Code and these standards or their equivalents are not met, a comprehensive plan of correction is developed.

PL.2.1.3 When requirements for fire protection or environment or grounds safety are affected by construction, the organization institutes and documents interim life safety measures to temporarily compensate for the hazard posed by the existing life safety deficiencies.

PL.2.1.4 The interim life safety measures are continued and documented so that the level of life safety is not diminished in any occupied area, and a safe environment is maintained throughout construction of, or alteration to, buildings or grounds.

PL.2.2 An ongoing program exists to assure that the buildings and grounds are suitable to the nature of the services provided and the ages and other characteristics of the patient population.

PL.2.2.1 New construction provides for the safe and convenient use of buildings and grounds by physically disabled individuals.

PL.2.2.2 The organization has specified policies for the maintenance, supervision, and safe use by patients of all grounds and equipment, including special activity areas.

PL.2.2.3 N/A

PL.2.2.4 Compliance with the requirements of the program is documented.

PL.2.3 An ongoing program exists to establish and maintain fire safety.

PL.2.3.1 The program is established through the following:

PL.2.3.1.1 procedures to identify and maintain all applicable required features of fire protection to Life Safety Code standards;

PL.2.3.1.2 procedures for inspecting, testing, and maintaining fire alarm and fire-detection systems, including quarterly testing of all circuits and annual preventive maintenance of all components;

PL.2.3.1.3 procedures for inspecting and testing all automatic fire-extinguishing systems annually;

PL.2.3.1.4 procedures for the management of portable fire extinguishers, including guidelines for their identification, placement and use; a quarterly inspection program; and a regular maintenance program; and

PL.2.3.1.5 procedures to review proposed acquisitions of bedding, window draperies and other curtains, furnishing, decorations, wastebaskets, and other equipment to identify issues related to fire safety.

PL.2.3.2 The program is maintained through the following:

PL.2.3.2.1 N/A

PL.2.3.2.2 a fire plan that addresses appropriate staff response to a fire emergency and appropriate education and training for all personnel in all elements of fire plan;

PL.2.3.2.3 for all personnel on all shifts in all patient care buildings, quarterly conducting and evaluation of fire drills that test staff knowledge of the use and function of the fire-alarm systems, transmission of alarms, containment of smoke and fire, transfer to areas of refuge, fire extinguishment, assignment of specific duties, and preparation for building evacuation; and

PL.2.3.2.4 dissemination and enforcement of an organizationwide smoking policy that discourages the use of smoking materials.

PL.2.3.3 Compliance with the requirements of the program is documented.

PL.2.4 The life safety management program is used to identify and document Life Safety Code and fire protection deficiencies, failures, and user errors that may threaten the patient care environment during a fire.

PL.2.4.1 When problems are identified, actions are taken to resolve them.

PL.2.4.1.1 The actions are documented.

PL.2.4.1.2 The actions are evaluated for effectiveness.

PL.3

An equipment management program exists to assess and control the clinical and physical risks of fixed and portable equipment used for diagnosis, treatment, monitoring, and care of patients and of other fixed and portable electrically powered equipment.

PL.3.1 Written criteria, which include characteristics of equipment function, clinical application, maintenance requirements, and equipment incident history are used to identify equipment to be included in the program.

PL.3.1.1 Before a piece or type of equipment is used, it is evaluated for inclusion into the program and the evaluation is documented.

PL.3.2 A current, accurate, unique inventory is kept of all equipment included in the program, regardless of the equipment's ownership or purpose.

PL.3.2.1 Each piece or type of equipment listed in the inventory has written equipment-testing procedures and user-training programs designed to manage the clinical and physical risks.

PL.3.2.1.1 Each piece of equipment is tested before initial use and at least annually thereafter; such testing is documented.

PL.3.2.1.2 Orientation and, thereafter, continuing education are available to individuals who use and/or maintain the equipment, at a frequency appropriate to the nature and hazards of the equipment; such orientation and continuing education are documented.

PL.3.3 The equipment management program is used to identify and document equipment problems, failures, and user errors that have or may have an adverse effect on patient safety and/or the quality of care.

PL.3.3.1 When problems are identified, actions are taken to resolve them.

PL.3.3.1.1 The actions are documented.

PL.3.3.1.2 The actions are evaluated for effectiveness.

PL.3.4 When information is received that reasonably suggests that a medical device may have caused or contributed to the death, serious injury, or serious illness of a patient or

other individual, the organization reports this information as required by the Safe Medical Device Act of 1990.

PL.4

A utilities management program exists to assure that operational reliability, assess the special risks, and respond to failures of utility systems that support the patient care environment.

PL.4.1 Written criteria, which include utilities for life support, infection control, environmental support, and equipment support elements, are used to identify utilities to be included in the program.

PL.4.2 A reliable, adequate emergency power system exists to provide electricity to designated areas during interruption of the normal electrical source.

PL.4.2.1 As required by occupancy classification, the emergency power system provides electricity to at least the following:

PL.4.2.1.1 alarm systems;

PL.4.2.1.2 egress illumination;

PL.4.2.1.3 N/A

PL.4.2.1.4 N/A

PL.4.2.1.5 illumination of exit signs.

PL.4.3 A current, accurate, organization-specific inventory is kept of all equipment for utility systems included in the program.

PL.4.4 Utility system operational plans are written to help assure reliability, control risks, reduce failures, and train system users and operators.

PL.4.4.1 The organization develops procedures and establishes intervals for the testing and maintenance of utility systems equipment included in the program.

PL.4.4.2 Test and inspections that support operational reliability and manage risks are documented.

PL.4.4.3 Orientation and, thereafter, continuing education exist for individuals who use and/or maintain the utility systems, at a frequency appropriate to the nature and hazards of the utility system; such orientation and continuing education are documented.

PL.4.5 A current, complete set of documents exists to indicate the distribution of each utility system, including controls for a partial or complete shutdown.

PL.4.6 The utilities management program is used to identify and document utility problems, failures, and user errors that are or may be a treat to the patient care environment.

PL.4.6.1 When problems are identified, actions are taken to resolve them.

PL.4.6.1.1 The actions are documented.

PL.4.6.1.2 The actions are evaluated for effectiveness.